

MANITOWOC HEALTH CARE CENTER NURSING HOME
2021 SOUTH ALVERNO ROAD

MANITOWOC 54220 Phone:(920) 683-4100
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 118
Total Licensed Bed Capacity (12/31/03): 118
Number of Residents on 12/31/03: 118

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 116

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		10.2
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		31.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	16.9	More Than 4 Years		49.2
Day Services	No	Mental Illness (Org./Psy)	39.0	65 - 74	17.8			-----
Respite Care	Yes	Mental Illness (Other)	29.7	75 - 84	33.1			90.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	26.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	5.1	65 & Over	83.1	-----		
Transportation	No	Cerebrovascular	11.0		-----	RNs		14.7
Referral Service	No	Diabetes	0.8	Gender	%	LPNs		5.8
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.2	Male	36.4	Aides, & Orderlies		
Mentally Ill	Yes	-----	-----	Female	63.6			
Provide Day Programming for		100.0	100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	100.0	200	1	0.8
Skilled Care	7	100.0	360	90	96.8	121	2	100.0	124	15	100.0	165	0	0.0	0	0	0.0	0	114	96.6
Intermediate	---	---	---	3	3.2	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		93	100.0		2	100.0		15	100.0		0	0.0		1	100.0		118	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	8.5	Bathing	9.3	45.8	44.9	118
Other Nursing Homes	14.9	Dressing	19.5	37.3	43.2	118
Acute Care Hospitals	61.7	Transferring	37.3	30.5	32.2	118
Psych. Hosp.-MR/DD Facilities	2.1	Toilet Use	30.5	28.8	40.7	118
Rehabilitation Hospitals	0.0	Eating	61.0	21.2	17.8	118
Other Locations	8.5	*****				
Total Number of Admissions	47	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	11.0		Receiving Respiratory Care	4.2
Private Home/No Home Health	4.0	Occ/Freq. Incontinent of Bladder	54.2		Receiving Tracheostomy Care	1.7
Private Home/With Home Health	10.0	Occ/Freq. Incontinent of Bowel	43.2		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	0.8
Acute Care Hospitals	18.0	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	4.0	Physically Restrained	5.9		Receiving Mechanically Altered Diets	36.4
Rehabilitation Hospitals	0.0					
Other Locations	14.0	Skin Care			Other Resident Characteristics	
Deaths	50.0	With Pressure Sores	6.8		Have Advance Directives	64.4
Total Number of Discharges		With Rashes	3.4		Medications	
(Including Deaths)	50				Receiving Psychoactive Drugs	68.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 100-199 Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	88.1	1.07	87.2	1.09	88.1	1.07	87.4	1.08
Current Residents from In-County	98.3	55.3	1.78	78.9	1.25	69.7	1.41	76.7	1.28
Admissions from In-County, Still Residing	46.8	26.8	1.75	23.1	2.02	21.4	2.18	19.6	2.38
Admissions/Average Daily Census	40.5	57.4	0.71	115.9	0.35	109.6	0.37	141.3	0.29
Discharges/Average Daily Census	43.1	59.7	0.72	117.7	0.37	111.3	0.39	142.5	0.30
Discharges To Private Residence/Average Daily Census	6.0	17.8	0.34	46.3	0.13	42.9	0.14	61.6	0.10
Residents Receiving Skilled Care	97.5	85.9	1.13	96.5	1.01	92.4	1.05	88.1	1.11
Residents Aged 65 and Older	83.1	88.5	0.94	93.3	0.89	93.1	0.89	87.8	0.95
Title 19 (Medicaid) Funded Residents	78.8	76.4	1.03	68.3	1.15	68.8	1.15	65.9	1.20
Private Pay Funded Residents	12.7	18.1	0.70	19.3	0.66	20.5	0.62	21.0	0.61
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	68.6	47.1	1.46	39.6	1.73	38.2	1.80	33.6	2.04
General Medical Service Residents	10.2	21.1	0.48	21.6	0.47	21.9	0.46	20.6	0.49
Impaired ADL (Mean)	52.2	44.7	1.17	50.4	1.03	48.0	1.09	49.4	1.06
Psychological Problems	68.6	62.8	1.09	55.3	1.24	54.9	1.25	57.4	1.20
Nursing Care Required (Mean)	6.7	7.8	0.85	7.4	0.90	7.3	0.92	7.3	0.91